

United States Bankruptcy Court Northern District of Illinois							Voluntary Petition																						
Name of Debtor (if individual, enter Last, First, Middle): Dixon, Edwardo				Name of Joint Debtor (Spouse) (Last, First, Middle): Dixon, Nekeei																									
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names):				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):																									
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 3434				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 7611																									
Street Address of Debtor (No. & Street, City, State & Zip Code): 137 Fir St Park Forest, IL				Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 137 Fir St Park Forest, IL																									
ZIPCODE 60466-1708				ZIPCODE 60466-1708																									
County of Residence or of the Principal Place of Business: Cook				County of Residence or of the Principal Place of Business: Cook																									
Mailing Address of Debtor (if different from street address):				Mailing Address of Joint Debtor (if different from street address):																									
ZIPCODE				ZIPCODE																									
Location of Principal Assets of Business Debtor (if different from street address above):																													
ZIPCODE																													
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____			Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).			Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.																							
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.					Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).																								
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.									THIS SPACE IS FOR COURT USE ONLY																				
Estimated Number of Creditors <table style="width:100%; border-collapse: collapse;"><tr><td><input type="checkbox"/></td><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>1-49</td><td>50-99</td><td>100-199</td><td>200-999</td><td>1,000- 5,000</td><td>5,001- 10,000</td><td>10,001- 25,000</td><td>25,001- 50,000</td><td>50,001- 100,000</td><td>Over 100,000</td></tr></table>										<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1-49	50-99	100-199	200-999	1,000- 5,000	5,001- 10,000	10,001- 25,000	25,001- 50,000	50,001- 100,000	Over 100,000
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Estimated Assets <table style="width:100%; border-collapse: collapse;"><tr><td><input checked="" type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr><tr><td>\$0 to \$50,000</td><td>\$50,001 to \$100,000</td><td>\$100,001 to \$500,000</td><td>\$500,001 to \$1 million</td><td>\$1,000,001 to \$10 million</td><td>\$10,000,001 to \$50 million</td><td>\$50,000,001 to \$100 million</td><td>\$100,000,001 to \$500 million</td><td>\$500,000,001 to \$1 billion</td><td>More than \$1 billion</td></tr></table>									<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$0 to \$50,000	\$50,001 to \$100,000	\$100,001 to \$500,000	\$500,001 to \$1 million	\$1,000,001 to \$10 million	\$10,000,001 to \$50 million	\$50,000,001 to \$100 million	\$100,000,001 to \$500 million	\$500,000,001 to \$1 billion	More than \$1 billion	
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Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Dixon, Edwardo & Dixon, Nekeei	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: Northern Dist Of Illinois (Ch 13 - Dismissed)		Case Number: 06-11384	Date Filed: 09/12/2006
Location Where Filed: N/A		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. X /s/ Nicolette Robovsky 7/30/08 Signature of Attorney for Debtor(s) Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input checked="" type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord or lessor that obtained judgment) _____ (Address of landlord or lessor) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

Voluntary Petition

(This page must be completed and filed in every case)

Name of Debtor(s):

Dixon, Edwardo & Dixon, Nekeei

Signatures

Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.

[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X /s/ Edwardo Dixon

Signature of Debtor

Edwardo Dixon

X /s/ Nekeei Dixon

Signature of Joint Debtor

Nekeei Dixon

Telephone Number (If not represented by attorney)

July 30, 2008

Date

Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.

☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Date

Signature of Attorney*

X /s/ Nicolette Robovsky

Signature of Attorney for Debtor(s)

Nicolette Robovsky 6278336

Printed Name of Attorney for Debtor(s)

Gleason & Gleason

Firm Name

77 W Washington, Ste 1218

Address

Chicago, IL 60602

(312) 578-9530

Telephone Number

July 30, 2008

Date

*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Signature of Non-Attorney Petition Preparer

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

Address

X

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

**NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days **before** the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a “means test” designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Dixon, Edwardo & Dixon, Nekeei

Printed Name(s) of Debtor(s)

X /s/ Edwardo Dixon

Signature of Debtor

7/30/2008

Date

Case No. (if known) _____

X /s/ Nekeei Dixon

Signature of Joint Debtor (if any)

7/30/2008

Date

IN RE:

Dixon, Edwardo

Debtor(s)

Case No. _____

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Edwardo Dixon

Date: July 30, 2008

IN RE:

Dixon, Nekeei

Case No. _____

Chapter 7

Debtor(s)

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

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☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Must be accompanied by a motion for determination by the court.] [Summarize exigent circumstances here.]*

If the court is satisfied with the reasons stated in your motion, it will send you an order approving your request. You must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy case and promptly file a certificate from the agency that provided the briefing, together with a copy of any debt management plan developed through the agency. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. A motion for extension must be filed within the 30-day period. Failure to fulfill these requirements may result in dismissal of your case. If the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing, your case may be dismissed.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Nekeei Dixon

Date: July 30, 2008

IN RE:

Case No. _____

Dixon, Edwardo & Dixon, Nekeei

Chapter 7

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 12,675.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 6,000.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	16		\$ 36,865.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	2			\$ 4,045.94
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 4,039.00
TOTAL		28	\$ 12,675.00	\$ 42,865.00	

Document Page 9 of 82
United States Bankruptcy Court
Northern District of Illinois

IN RE:

Case No. _____

Dixon, Edwardo & Dixon, NekeeiChapter **7**

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 5,783.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 5,783.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 4,045.94
Average Expenses (from Schedule J, Line 18)	\$ 4,039.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 5,663.41

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 1,000.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 36,865.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 37,865.00

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	NONE	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.		Cash on hand	J	100.00
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking Account w/ Chase	J	50.00
		Savings account with 77th Depot Federal Credit Union	J	50.00
		Savings account with Credit Union	W	50.00
3. Security deposits with public utilities, telephone companies, landlords, and others.	X			
4. Household goods and furnishings, include audio, video, and computer equipment.		Normal and necessary household goods, including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece	J	2,500.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Music, books, and pictures	J	75.00
6. Wearing apparel.		Clothing		250.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.		Term life - through work - No cash surrender value	H	0.00
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.		Retirement	H	4,000.00
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE Dixon, Edwardo & Dixon, Nekeei

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		Loan to friend, Nicole Benford	J	600.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.		2003 Kia Sedona	J	5,000.00
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			

SCHEDULE B - PERSONAL PROPERTY

(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
<div>33. Farming equipment and implements.</div> <div>34. Farm supplies, chemicals, and feed.</div> <div>35. Other personal property of any kind not already listed. Itemize.</div>	<div>X</div> <div>X</div> <div>X</div>			
TOTAL				12,675.00

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:
(Check one box)
[] Check if debtor claims a homestead exemption that exceeds \$136,875.

- [] 11 U.S.C. § 522(b)(2)
- [x] 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE B - PERSONAL PROPERTY			
Cash on hand	735 ILCS 5 §12-1001(b)	100.00	100.00
Checking Account w/ Chase	735 ILCS 5 §12-1001(b)	50.00	50.00
Savings account with 77th Depot Federal Credit Union	735 ILCS 5 §12-1001(b)	50.00	50.00
Savings account with Credit Union	735 ILCS 5 §12-1001(b)	50.00	50.00
Normal and necessary household goods, including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece	735 ILCS 5 §12-1001(b)	2,500.00	2,500.00
Music, books, and pictures	735 ILCS 5 §12-1001(a)	75.00	75.00
Clothing	735 ILCS 5 §12-1001(a)	250.00	250.00
Retirement	735 ILCS 5 §12-1006(a)	4,000.00	4,000.00
Loan to friend, Nicole Benford	735 ILCS 5 §12-1001(b)	600.00	600.00
2003 Kia Sedona	735 ILCS 5 §12-1001(c)	4,800.00	5,000.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO. Affiliated Financial 13680 NW 5th St Sunrise, FL 33325-6234	J	auto loan VALUE \$ 5,000.00				6,000.00	1,000.00
ACCOUNT NO.		 VALUE \$					
ACCOUNT NO.		 VALUE \$					
ACCOUNT NO.		 VALUE \$					
<div> <div>0 continuation sheets attached</div> <div>Subtotal (Total of this page)</div> </div>						\$ 6,000.00	\$ 1,000.00
<div> <div>Total (Use only on last page)</div> </div>						\$ 6,000.00	\$ 1,000.00

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**
Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. h1966822 ADT C/O Redline Recovery Services, Llc 6201 Bonhomme Rd Ste 100S Houston, TX 77036-4373	J	Utility or Cellular Use				333.00
ACCOUNT NO. Tate & Kirlin Associates 2810 Southampton Rd Philadelphia, PA 19154-1207		Assignee or other notification for: ADT				
ACCOUNT NO. 6236 Assoc. St. James Radiologists 20201 Crawford Ave Olympia Fields, IL 60461-1010	H	Open account opened 1/07				96.00
ACCOUNT NO. Associated St James Radiologists PO Box 3597 Springfield, IL 62708-3597		Assignee or other notification for: Assoc. St. James Radiologists				
<div> <div>15 continuation sheets attached</div> <div>Subtotal (Total of this page)</div> <div>Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)</div> </div>						<div>\$ 429.00</div> <div>\$</div>

IN RE Dixon, Edwardo & Dixon, Nekeei

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Creditors Collection B 755 Almar Pkwy Bourbonnais, IL 60914-2392		Assignee or other notification for: Assoc. St. James Radiologists				
ACCOUNT NO. 9140 AT & T PO Box 8100 Aurora, IL 60507-8100	W	Open account opened 4/07				119.00
ACCOUNT NO. SBC/ AT&T 225 W Randolph St Chicago, IL 60606-1838		Assignee or other notification for: AT & T				
ACCOUNT NO. West Asset Management PO Box 105478 Atlanta, GA 30348-5478		Assignee or other notification for: AT & T				
ACCOUNT NO. 486236244603 Capital One PO Box 85520 Richmond, VA 23285-5520	W	Revolving account opened 6/04				531.00
ACCOUNT NO. Capital Management Services 726 Exchange St Ste 700 Buffalo, NY 14210-1484		Assignee or other notification for: Capital One				
ACCOUNT NO. Regional Adjustment Bureau PO Box 1022 Wixom, MI 48393		Assignee or other notification for: Capital One				

Sheet no. 1 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **650.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

IN RE Dixon, Edwardo & Dixon, Nekeei

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Tsys Debt Management PO Box 5155 Norcross, GA 30091-5155		Assignee or other notification for: Capital One				
ACCOUNT NO. Chase Customer Claim Dept TX 1 # 2551 Dallas, TX 75262-0002	J	bank fees				250.00
ACCOUNT NO. 761101 Chase Education Financ 6510 Old Canton Rd Ridgeland, MS 39157-1313	W	Installment account opened 8/07				3,000.00
ACCOUNT NO. 761103 Chase Education Financ 6510 Old Canton Rd Ridgeland, MS 39157-1313	W	Installment account opened 9/07				1,739.00
ACCOUNT NO. 761102 Chase Education Financ 6510 Old Canton Rd Ridgeland, MS 39157-1313	W	Installment account opened 8/07				1,044.00
ACCOUNT NO. Check Into Cash Of Illinois, LLC D/B/A Check Into Cash - Store 4024 4103 Lincoln Hwy Matteson, IL 60443-2402	J	loan				200.00
ACCOUNT NO. City Of Chicago Bureau Of Parking Department Of Revenue 333 S State St Ste 540 Chicago, IL 60604-3992	J	parking tickets				500.00

Sheet no. 2 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority Claims

Subtotal
(Total of this page) \$ **6,733.00**

Total
(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Dixon, Edwardo & Dixon, Nekeei

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2033375075 Com Ed Company Attn: Revenue Management Dept 2100 Swift Dr Oak Brook, IL 60523-1559	J	Utility or Cellular Use				307.00
ACCOUNT NO. Com Ed Customer Care Center PO Box 805379 Chicago, IL 60680-5379		Assignee or other notification for: Com Ed Company				
ACCOUNT NO. Reed Smith Attn: Pia Thompson 10 S Wacker Dr Chicago, IL 60606-7453		Assignee or other notification for: Com Ed Company				
ACCOUNT NO. 0733 Comcast Attn Bankruptcy 1500 Market St Philadelphia, PA 19102-2100	W	Collections account opened 1/08				569.00
ACCOUNT NO. Credit Protection Asso PO Box 802068 Dallas, TX 75380-2068		Assignee or other notification for: Comcast				
ACCOUNT NO. 8798401280460081, 9823 Comcast Attn Bankruptcy 1500 Market St Philadelphia, PA 19102-2100	W	Open account opened 9/07				490.00
ACCOUNT NO. Credit Protection Asso PO Box 802068 Dallas, TX 75380-2068		Assignee or other notification for: Comcast				

Sheet no. 3 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **1,366.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Dixon, Edwardo & Dixon, Nekeei

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 1f0022847257 Consultants In Pathology 2020 Lindell Ave Nashville, TN 37203-5509	J	Medical/ Dental Bill				14.00
ACCOUNT NO. 27532103 Cook County State's Attorney Bad Check Restitution Program PO Box 3984 A Chicago, IL 60654-0984	J	nsf check				336.00
ACCOUNT NO. Target National Bank Mail Stop 5C-F PO Box 673 Minneapolis, MN 55440		Assignee or other notification for: Cook County State's Attorney				
ACCOUNT NO. 604872 Creditors Alliance PO Box 1288 Bloomington, IL 61702-1288	J	Collections				463.00
ACCOUNT NO. 3386 Directv PO Box 9001063 Louisville, KY 40290-1063	W	Open account opened 7/07				193.00
ACCOUNT NO. Nco Fin/09 507 Prudential Rd Horsham, PA 19044-2308		Assignee or other notification for: Directv				
ACCOUNT NO. 1599 Echo Ltd. 500 W Court St Kankakee, IL 60901-3661	W	Open account opened 2/07				531.00

Sheet no. 4 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **1,537.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
\$

IN RE Dixon, Edwardo & Dixon, Nekeei

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Creditors Collection B For Echo, Ltd 755 Almar Pkwy Bourbonnais, IL 60914-2392		Assignee or other notification for: Echo Ltd.				
ACCOUNT NO. 1420 Echo, Ltd 500 W Court St Kankakee, IL 60901-3661	H	Medical/ Dental Bill				525.00
ACCOUNT NO. Credtrs Coll 755 Almar Pkwy Bourbonnais, IL 60914-2392		Assignee or other notification for: Echo, Ltd				
ACCOUNT NO. ecc1008020 Emerg Care And Health Org Ltd 555 W Court St Ste 410 Kankakee, IL 60901-3675	J	Medical/ Dental Bill				531.00
ACCOUNT NO. 8161 First Cash - Instant Cash Adva	H	Open account opened 3/07				561.00
ACCOUNT NO. Ais Services Llc For First Cash Advance Instant Cash Adv 50 California St San Francisco, CA 94111-4624		Assignee or other notification for: First Cash - Instant Cash Adva				
ACCOUNT NO. 5178-0072-2063-2525 First Premier Bank PO Box 5524 Sioux Falls, SD 57117-5524	H	Revolving account opened 7/04				509.00

Sheet no. 5 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,126.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Dixon, Edwardo & Dixon, Nekeei

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Accounts Receivables Management PO Box 129 Thorofare, NJ 08086-0129		Assignee or other notification for: First Premier Bank				
ACCOUNT NO. 4872 Furniture For Less	H	Open account opened 7/05				463.00
ACCOUNT NO. Creditors Alliance Inc For Furniture For Less PO Box 1288 Bloomington, IL 61702-1288		Assignee or other notification for: Furniture For Less				
ACCOUNT NO. 732576162 Hawthorne Credit Union 267 S Weber Rd Bolingbrook, IL 60490-1510	J	bank fees				535.00
ACCOUNT NO. Global Recovery Services India Prvt Dept 9500 Los Angeles, CA 90084-0001		Assignee or other notification for: Hawthorne Credit Union				
ACCOUNT NO. Illinois Department Of Employment Securi Attn Bankruptcy 3rd Fl 401 S State St Chicago, IL 60605-1229	W	Overpayment of benefits				875.00
ACCOUNT NO. 305309165552 LaSalle Bank 135 S Lasalle St Chicago, IL 60603-4177	J	bank fees				1,446.00

Sheet no. 6 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **3,319.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Dixon, Edwardo & Dixon, Nekeei

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Trs Recovery Services 5251 Westheimer Rd Houston, TX 77056-5412		Assignee or other notification for: LaSalle Bank				
ACCOUNT NO. 1126 Literary Guild Select Book Clu PO Box 6325 Harrisburg, PA 17112-0325	W	Open account opened 2/08				76.00
ACCOUNT NO. Rjm Acq Llc 575 Underhill Blvd Ste 224 Syosset, NY 11791-3416		Assignee or other notification for: Literary Guild Select Book Clu				
ACCOUNT NO. 5748648 Mutual Hospital Collections 2525 N Shadeland Ave Ste 101 Indianapolis, IN 46219-1794	J	Medical/ Dental Bill				198.00
ACCOUNT NO. National City Mortgage PO Box 1820 Dayton, OH 45401-1820	J	notice only. pending foreclosure deficiency.	X	X		0.00
ACCOUNT NO. ed01, 56758 Neighborhood Pediatrics 20200 Governors Dr Ste 101 Olympia Fields, IL 60461-1087	J	Medical/ Dental Bills				120.00
ACCOUNT NO. 70062044972 Nicor Gas 1844 W Ferry Rd Naperville, IL 60563-9662	W	Open account opened 7/07				3,689.00

Sheet no. 7 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **4,083.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Dixon, Edwardo & Dixon, Nekeei

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Er Solutions PO Box 9004 Renton, WA 98057-9004		Assignee or other notification for: Nicor Gas				
ACCOUNT NO. NCO Financial Systems 507 Prudential Rd Horsham, PA 19044-2308		Assignee or other notification for: Nicor Gas				
ACCOUNT NO. 6631 No Faxing Payday Loan Com	H	loan				548.00
ACCOUNT NO. National Credit Adjustors PO Box 3023 Hutchinson, KS 67504-3023		Assignee or other notification for: No Faxing Payday Loan Com				
ACCOUNT NO. National Ser For No Faxing Payday Loan.Com 18820 Aurora Ave N Shoreline, WA 98133-3900		Assignee or other notification for: No Faxing Payday Loan Com				
ACCOUNT NO. Payday Loan Store 628 W 14th St Chicago Heights, IL 60411-3148	J	loan				400.00
ACCOUNT NO. 3507302350145 Pca Interational C/O Trs Recovery Services PO Box 60022 City of Industry, CA 91716-0022	J	nsf check				82.00

Sheet no. 8 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page)\$ **1,030.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)

\$

IN RE Dixon, Edwardo & Dixon, Nekeei

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. pr8625664 Pest Control Service C/O Rollins Service Bureau PO Box 13230 Atlanta, GA 30324-0230	J	Collections				75.00
ACCOUNT NO. 3328594070 Quest Diagnostics PO Box 64804 Baltimore, MD 21264-4804	J	Medical/ Dental Bill				55.00
ACCOUNT NO. 22457407fch Revenue Cycle Solutions PO Box 7229 Westchester, IL 60154-7229	J	Collections				655.00
ACCOUNT NO. 2778821 Riscuity 1600 Terrell Mill Rd SE Marietta, GA 30067-8340	J	Collections				1,030.00
ACCOUNT NO. pr8625664 Rollins Primes C/O National Asset Recovery, Inc 5901-C Peachtree Dunwoody Rd, Ste 530 Atlanta, GA 30328	J	Collections				75.00
ACCOUNT NO. 34072713401285 Sav A Lot C/O Trs Recovery Services, Inc PO Box 17170 Denver, CO 80217-0170	J	Collections				25.00
ACCOUNT NO. Select Legal PC 53 W Jackson Blvd Ste 709 Chicago, IL 60604-3475	J	attorney fees				91.00

Sheet no. **9** of **15** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,006.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Dixon, Edwardo & Dixon, Nekeei

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 0507203100-fch Sisters Of St Francis Health Services PO Box 7229 Westchester, IL 60154-7229	J	Medical/ Dental Bills				45.00
ACCOUNT NO. St James Hospital And Health Centers 37653 Eagle Way Chicago, IL 60678-1376		Assignee or other notification for: Sisters Of St Francis Health Services				
ACCOUNT NO. 408422756 South Suburban Hospital 17800 Kedzie Ave Hazel Crest, IL 60429-2029	J	Medical/ Dental Bill				30.00
ACCOUNT NO. 10183 Southwest Women's Healthcare Assoc 3700 W 203rd St Ste 110 Olympia Fields, IL 60461-1181	J	Medical/ Dental Bill				10.00
ACCOUNT NO. 0576242305 Sprint Nextel 2001 Edmund Halley Dr Reston, VA 20191-3436	J	Utility or Cellular Use				516.00
ACCOUNT NO. Diversified Adjustment Services 600 Coon Rapids Blvd NW Coon Rapids, MN 55433-5549		Assignee or other notification for: Sprint Nextel				
ACCOUNT NO. 8350270 Sprint Nextel 2001 Edmund Halley Dr Reston, VA 20191-3436	J	Utility or Cellular Use				963.00

Sheet no. **10** of **15** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **1,564.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
\$

IN RE Dixon, Edwardo & Dixon, Nekeei

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Diversified Adjustment Services 600 Coon Rapids Blvd NW Coon Rapids, MN 55433-5549		Assignee or other notification for: Sprint Nextel				
ACCOUNT NO. 0022834253 St James Health Center 37653 Eagle Way Chicago, IL 60678-1376	J	Medical/ Dental Bill				15.00
ACCOUNT NO. 7fch, 0508002167 St James Hospital 1423 Chicago Rd Chicago Heights, IL 60411-3400	H	Medical/ Dental Bill				2,655.00
ACCOUNT NO. Account Management Service PO Box 19617 Indianapolis, IN 46219-0617		Assignee or other notification for: St James Hospital				
ACCOUNT NO. Revenue Cycl 3 Westbrook Corporate Ctr Westchester, IL 60154-5703		Assignee or other notification for: St James Hospital				
ACCOUNT NO. 0136, 9506, 9507 St James Hospital 1423 Chicago Rd Chicago Heights, IL 60411-3400	H	Medical/ Dental Bills				270.00
ACCOUNT NO. Acct Recov 555 Van Reed Rd Wyomissing, PA 19610-1756		Assignee or other notification for: St James Hospital				

Sheet no. 11 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,940.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Dixon, Edwardo & Dixon, Nekeei

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 5604 St James Prof- Elisa M Scott 900 Jorie Blvd Ste 186 Oak Brook, IL 60523-3808	W	Open account opened 2/04				100.00
ACCOUNT NO. Nco Fin/55 507 Prudential Rd Horsham, PA 19044-2308		Assignee or other notification for: St James Prof- Elisa M Scott				
ACCOUNT NO. Star/ A J Disposal Srvc 20 South St Park Forest, IL 60466-1226	W	Open account opened 11/05				55.00
ACCOUNT NO. I C System Inc For Star/ AJ Disposal Service PO Box 64378 Saint Paul, MN 55164-0378		Assignee or other notification for: Star/ A J Disposal Srvc				
ACCOUNT NO. 2120 T Mobile Bankruptcy Team PO Box 53410 Bellevue, WA 98015-5341	W	Open account opened 10/06				195.00
ACCOUNT NO. Bureau Of Collection R 7575 Corporate Way Eden Prairie, MN 55344-2022		Assignee or other notification for: T Mobile Bankruptcy Team				
ACCOUNT NO. TCF 800 Burr Ridge Pkwy Burr Ridge, IL 60527-6486	J	bank fees				417.00

Sheet no. 12 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **767.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Dixon, Edwardo & Dixon, Nekeei

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Chex Systems 7805 Hudson Rd Ste 100 Saint Paul, MN 55125-1595		Assignee or other notification for: TCF				
ACCOUNT NO. Telecheck 5251 Westheimer Rd Houston, TX 77056-5412		Assignee or other notification for: TCF				
ACCOUNT NO. 7440016 University Of Chicago Physicians PO Box 2139 Bedford Park, IL 60499-2139	J	Medical/ Dental Bills				425.00
ACCOUNT NO. US Cellular Write Off Team 5117 W Terrace Dr Madison, WI 53718-8344	J	Utility or Cellular Use				150.00
ACCOUNT NO. Village Of Chicago Heights Tickets/ Clerk's Office 1601 Chicago Rd Chicago Heights, IL 60411-3447	J	tickets				100.00
ACCOUNT NO. Village Of Homewood Tickets 2020 Chestnut Rd Homewood, IL 60430-1702	J	tickets				150.00
ACCOUNT NO. Village Of Matteson Tickets 4900 Village Commons Matteson, IL 60443-2666	J	tickets				100.00

Sheet no. 13 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **925.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Dixon, Edwardo & Dixon, Nekeei

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 2280 Village Of Olympia Fields PO Box 457 Wheeling, IL 60090-0457	W	Medical/ Dental Bill				250.00
ACCOUNT NO. Rmi/mcsi 3348 Ridge Rd Lansing, IL 60438-3112		Assignee or other notification for: Village Of Olympia Fields				
ACCOUNT NO. 2883, 2884 Village Of Park Forest Tickets 350 Victory Dr Park Forest, IL 60466-2003	H	tickets				1,855.00
ACCOUNT NO. Rmi/mcsi 3348 Ridge Rd Lansing, IL 60438-3112		Assignee or other notification for: Village Of Park Forest				
ACCOUNT NO. Village Of Park Forest Tickets 200 Lakewood Blvd Park Forest, IL 60466-2003		Assignee or other notification for: Village Of Park Forest				
ACCOUNT NO. 5152, 8709, 5153, 0353 Village Of Park Forest Tickets 350 Victory Dr Park Forest, IL 60466-2003	H	tickets				3,750.00
ACCOUNT NO. Rmi/mcsi 3348 Ridge Rd Lansing, IL 60438-3112		Assignee or other notification for: Village Of Park Forest				

Sheet no. 14 of 15 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **5,855.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Dixon, Edwardo & Dixon, Nekeei

Case No. _____

Debtor(s)

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 034607250013 Village Of Park Forest Water Department 350 Victory Dr Park Forest, IL 60466-2003	J	Utility or Cellular Use				117.00
ACCOUNT NO. 182628 Walgreens Corporate Office 200 Wilmot Rd Deerfield, IL 60015-4620	J	nsf check				106.00
ACCOUNT NO. Check Plus Systems National Notification Section PO Box 782408 San Antonio, TX 78278-2408		Assignee or other notification for: Walgreens				
ACCOUNT NO. 844576 hi Well Group Health Partners 333 Dixie Hwy Chicago Heights, IL 60411-1748	H	Medical/ Dental Bills				1,312.00
ACCOUNT NO. Cb Accts Inc 1101 Main St Peoria, IL 61606-1928		Assignee or other notification for: Well Group Health Partners				
ACCOUNT NO. 						
ACCOUNT NO. 						

Sheet no. **15** of **15** continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **1,535.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$ **36,865.00**

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Dependent Dependent Dependent	AGE(S): 11 10 1
EMPLOYMENT: DEBTOR		SPOUSE
Occupation Name of Employer How long employed Address of Employer Bus Driver CTA 5 years Chicago, IL		Kickert Bus 9 months Lynwood, IL

INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ 4,721.45	\$ 941.96
2. Estimated monthly overtime	\$	\$
3. SUBTOTAL	\$ 4,721.45	\$ 941.96
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ 816.85	\$ 162.35
b. Insurance	\$ 89.34	\$
c. Union dues	\$ 115.46	\$
d. Other (specify) See Schedule Attached	\$ 424.93	\$ 8.54
	\$	\$
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 1,446.58	\$ 170.89
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 3,274.87	\$ 771.07
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$	\$
8. Income from real property	\$	\$
9. Interest and dividends	\$	\$
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$	\$
11. Social Security or other government assistance (Specify)	\$	\$
	\$	\$
12. Pension or retirement income	\$	\$
13. Other monthly income (Specify)	\$	\$
	\$	\$
	\$	\$
14. SUBTOTAL OF LINES 7 THROUGH 13	\$	\$
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 3,274.87	\$ 771.07
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ 4,045.94	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

IN RE Dixon, Edwardo & Dixon, Nekeei Debtor(s) Case No. _____

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)
Continuation Sheet - Page 1 of 1

	DEBTOR	SPOUSE
Other Payroll Deductions:		
Mandatory Pension	283.29	
Back Benefits	141.64	
Child Care		8.54

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 879.00
a. Are real estate taxes included? Yes No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 325.00
b. Water and sewer	\$ 75.00
c. Telephone	\$ 100.00
d. Other Cell Phones	\$ 160.00
Cable And Internet	\$ 150.00
3. Home maintenance (repairs and upkeep)	\$
4. Food	\$ 600.00
5. Clothing	\$ 160.00
6. Laundry and dry cleaning	\$ 70.00
7. Medical and dental expenses	\$ 150.00
8. Transportation (not including car payments)	\$ 300.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$ 75.00
10. Charitable contributions	\$
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner’s or renter’s	\$
b. Life	\$
c. Health	\$
d. Auto	\$ 160.00
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify)	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 225.00
b. Other Lease With Aaron's	\$ 100.00
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other Child Care	\$ 350.00
Vehicle Care And Maintenance	\$ 40.00
Personal Care And Grooming	\$ 120.00

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 4,039.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 4,045.94
b. Average monthly expenses from Line 18 above	\$ 4,039.00
c. Monthly net income (a. minus b.)	\$ 6.94

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 30 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: July 30, 2008 Signature: /s/ Edwardo Dixon
Edwardo Dixon Debtor

Date: July 30, 2008 Signature: /s/ Nekeei Dixon
Nekeei Dixon (Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Dixon, Edwardo & Dixon, Nekeei

Debtor(s)

Case No. _____

Chapter 7

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
47,000.00	2006 income from employment (joint)
48,359.00	2007 income from employment (joint)
4,700.00	2008 income from employment (monthly) (husband)
950.00	2008 income from employment (monthly) (wife)

2. Income other than from employment or operation of business

None ☒ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. All debtors: List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☒ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☐ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE
BENEFIT PROPERTY WAS SEIZED
Payday Loan Store
1515 Western Ave
Chicago Heights, IL 60411-3148

DATE OF SEIZURE
2008

DESCRIPTION AND VALUE
OF PROPERTY
garnishment of paycheck

5. Repossessions, foreclosures and returns

None ☐ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER
National City Mortgage
PO Box 1820
Dayton, OH 45401-1820

DATE OF REPOSSESSION,
FORECLOSURE SALE,
TRANSFER OR RETURN
June 2008

DESCRIPTION AND VALUE
OF PROPERTY
Foreclosure of 45 Apple Lane, Park Forest, IL 60466

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☒ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

8. Losses

None ☒ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

DATE OF PAYMENT, NAME OF
 PAYOR IF OTHER THAN DEBTOR
7/23/2008

AMOUNT OF MONEY OR DESCRIPTION
 AND VALUE OF PROPERTY
351.00

10. Other transfers

None ☐ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

None ☐ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

LaSalle Bank
135 S Lasalle St
Chicago, IL 60603-4177

TYPE AND NUMBER OF ACCOUNT
 AND AMOUNT OF FINAL BALANCE
Checking Account

AMOUNT AND DATE OF SALE
 OR CLOSING
Negative balance upon closing

12. Safe deposit boxes

None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

None ☐ List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

Charles Cozy

DESCRIPTION AND VALUE OF PROPERTY

Ford Taurus (not running)

LOCATION OF PROPERTY

15. Prior address of debtor

None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

45 Apple Lane, Park Forest, IL 60466

NAME USED

DATES OF OCCUPANCY

16. Spouses and Former Spouses

None ☒ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

“Environmental Law” means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

“Site” means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

“Hazardous Material” means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☒ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☒ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☒ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

	LAST FOUR DIGITS OF SOCIAL- SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/COMPLETE EIN	ADDRESS	NATURE OF BUSINESS Sole Proprietorship, Retail	BEGINNING AND ENDING DATES 2002 - 2002
NAME Nikeei's House Of Lingerie				

None ☒ b. Identify any business listed in response to subdivision a., above, that is “single asset real estate” as defined in 11 U.S.C. § 101.

The following questions are to be completed by every debtor that is a corporation or partnership and by any individual debtor who is or has been, within six years immediately preceding the commencement of this case, any of the following: an officer, director, managing executive, or owner of more than 5 percent of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership, a sole proprietor, or self-employed in a trade, profession, or other activity, either full- or part-time.

(An individual or joint debtor should complete this portion of the statement **only** if the debtor is or has been in business, as defined above, within the six years immediately preceding the commencement of this case. A debtor who has not been in business within those six years should go directly to the signature page.)

19. Books, records and financial statements

None ☒ a. List all bookkeepers and accountants who within the **two years** immediately preceding the filing of this bankruptcy case kept or supervised the keeping of books of account and records of the debtor.

None ☒ b. List all firms or individuals who within the **two years** immediately preceding the filing of this bankruptcy case have audited the books of account and records, or prepared a financial statement of the debtor.

None ☒ c. List all firms or individuals who at the time of the commencement of this case were in possession of the books of account and records of the debtor. If any of the books of account and records are not available, explain.

None ☒ d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom a financial statement was issued within the **two years** immediately preceding the commencement of the case by the debtor.

20. Inventories

None ☒ a. List the dates of the last two inventories taken of your property, the name of the person who supervised the taking of each inventory, and the dollar amount and basis of each inventory.

None ☒ b. List the name and address of the person having possession of the records of each of the two inventories reported in a., above.

21. Current Partners, Officers, Directors and Shareholders

None ☒ a. If the debtor is a partnership, list the nature and percentage of partnership interest of each member of the partnership.

None ☒ b. If the debtor is a corporation, list all officers and directors of the corporation, and each stockholder who directly or indirectly owns, controls, or holds 5 percent or more of the voting or equity securities of the corporation.

22. Former partners, officers, directors and shareholders

None ☒ a. If the debtor is a partnership, list each member who withdrew from the partnership within **one year** immediately preceding the commencement of this case.

None ☒ b. If the debtor is a corporation, list all officers, or directors whose relationship with the corporation terminated within **one year** immediately preceding the commencement of this case.

23. Withdrawals from a partnership or distributions by a corporation

None ☒ If the debtor is a partnership or corporation, list all withdrawals or distributions credited or given to an insider, including compensation in any form, bonuses, loans, stock redemptions, options exercised and any other perquisite during **one year** immediately preceding the commencement of this case.

24. Tax Consolidation Group

None ☒ If the debtor is a corporation, list the name and federal taxpayer identification number of the parent corporation of any consolidated group for tax purposes of which the debtor has been a member at any time within **six years** immediately preceding the commencement of the case.

25. Pension Funds.

None ☒ If the debtor is not an individual, list the name and federal taxpayer identification number of any pension fund to which the debtor, as an employer, has been responsible for contributing at any time within **six years** immediately preceding the commencement of the case.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: **July 30, 2008** Signature /s/ **Edwardo Dixon**
of Debtor **Edwardo Dixon**

Date: **July 30, 2008** Signature /s/ **Nekeei Dixon**
of Joint Debtor **Nekeei Dixon**
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Dixon, Edwardo & Dixon, Nekeei

Debtor(s)

Case No. _____

Chapter **7**

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

- ☒ I have filed a schedule of assets and liabilities which includes debts secured by property of the estate.
☒ I have filed a schedule of executory contracts and unexpired leases which includes personal property subject to an unexpired lease.
☒ I intend to do the following with respect to the property of the estate which secures those debts or is subject to a lease:

Description of Secured Property	Creditor's Name	Property will be Surrendered	Property is claimed as exempt	Property will be redeemed pursuant to 11 U.S.C. § 722	Debt will be reaffirmed pursuant to 11 U.S.C. § 524(c)
2003 Kia Sedona	Affiliated Financial				✓

Description of Leased Property	Lessor's Name	Lease will be assumed pursuant to 11 U.S.C. § 362(h)(1)(A)
Lease of TV	Aaron's Sales And Lease	✓

07/30/2008

Date

/s/ Edwardo Dixon

Edwardo Dixon

Debtor

/s/ Nekeei Dixon

Nekeei Dixon

Joint Debtor (if applicable)

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

IN RE:

Case No. _____

Dixon, Edwardo & Dixon, Nekeei

Chapter 7

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 96

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: July 30, 2008

/s/ Edwardo Dixon

Debtor

/s/ Nekeei Dixon

Joint Debtor

Dixon, Edwardo
137 Fir St
Park Forest, IL 60466-1708

Assoc. St. James Radiologists
20201 Crawford Ave
Olympia Fields, IL 60461-1010

Check Plus Systems
National Notification Section
PO Box 782408
San Antonio, TX 78278-2408

Dixon, Nekeei
137 Fir St
Park Forest, IL 60466-1708

Associated St James Radiologists
PO Box 3597
Springfield, IL 62708-3597

Chex Systems
7805 Hudson Rd Ste 100
Saint Paul, MN 55125-1595

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

AT & T
PO Box 8100
Aurora, IL 60507-8100

City Of Chicago Bureau Of Parking
Department Of Revenue
333 S State St Ste 540
Chicago, IL 60604-3992

Aaron's Sales And Lease
3359 Chicago Rd
South Chicago Heights, IL 60411-5422

Bureau Of Collection R
7575 Corporate Way
Eden Prairie, MN 55344-2022

Com Ed
Customer Care Center
PO Box 805379
Chicago, IL 60680-5379

Account Management Service
PO Box 19617
Indianapolis, IN 46219-0617

Capital Management Services
726 Exchange St Ste 700
Buffalo, NY 14210-1484

Com Ed Company
Attn: Revenue Management Dept
2100 Swift Dr
Oak Brook, IL 60523-1559

Accounts Receivables Management
PO Box 129
Thorofare, NJ 08086-0129

Capital One
PO Box 85520
Richmond, VA 23285-5520

Comcast
Attn Bankruptcy
1500 Market St
Philadelphia, PA 19102-2100

Acct Recov
555 Van Reed Rd
Wyomissing, PA 19610-1756

Cb Accts Inc
1101 Main St
Peoria, IL 61606-1928

Consultants In Pathology
2020 Lindell Ave
Nashville, TN 37203-5509

ADT
C/O Redline Recovery Services, Llc
6201 Bonhomme Rd Ste 100S
Houston, TX 77036-4373

Chase
Customer Claim Dept
TX 1 # 2551
Dallas, TX 75262-0002

Cook County State's Attorney
Bad Check Restitution Program
PO Box 3984 A
Chicago, IL 60654-0984

Affiliated Financial
13680 NW 5th St
Sunrise, FL 33325-6234

Chase Education Financ
6510 Old Canton Rd
Ridgeland, MS 39157-1313

Credit Protection Asso
PO Box 802068
Dallas, TX 75380-2068

Ais Services Llc
For First Cash Advance Instant Cash Adv
50 California St
San Francisco, CA 94111-4624

Check Into Cash Of Illinois, LLC
D/B/A Check Into Cash - Store 4024
4103 Lincoln Hwy
Matteson, IL 60443-2402

Creditors Alliance
PO Box 1288
Bloomington, IL 61702-1288

Creditors Alliance Inc
For Furniture For Less
PO Box 1288
Bloomington, IL 61702-1288

First Premier Bank
PO Box 5524
Sioux Falls, SD 57117-5524

National Ser
For No Faxing Payday Loan.Com
18820 Aurora Ave N
Shoreline, WA 98133-3900

Creditors Collection B
755 Almar Pkwy
Bourbonnais, IL 60914-2392

Global Recovery Services India Prvt
Dept 9500
Los Angeles, CA 90084-0001

Nco Fin/09
507 Prudential Rd
Horsham, PA 19044-2308

Creditors Collection B
For Echo, Ltd
755 Almar Pkwy
Bourbonnais, IL 60914-2392

Hawthorne Credit Union
267 S Weber Rd
Bolingbrook, IL 60490-1510

Nco Fin/55
507 Prudential Rd
Horsham, PA 19044-2308

Credtrs Coll
755 Almar Pkwy
Bourbonnais, IL 60914-2392

I C System Inc
For Star/ AJ Disposal Service
PO Box 64378
Saint Paul, MN 55164-0378

NCO Financial Systems
507 Prudential Rd
Horsham, PA 19044-2308

Directv
PO Box 9001063
Louisville, KY 40290-1063

Illinois Department Of Employment Securi
Attn Bankruptcy 3rd Fl
401 S State St
Chicago, IL 60605-1229

Neighborhood Pediatrics
20200 Governors Dr Ste 101
Olympia Fields, IL 60461-1087

Diversified Adjustment Services
600 Coon Rapids Blvd NW
Coon Rapids, MN 55433-5549

LaSalle Bank
135 S Lasalle St
Chicago, IL 60603-4177

Nicor Gas
1844 W Ferry Rd
Naperville, IL 60563-9662

Echo Ltd.
500 W Court St
Kankakee, IL 60901-3661

Literary Guild Select Book Clu
PO Box 6325
Harrisburg, PA 17112-0325

Payday Loan Store
628 W 14th St
Chicago Heights, IL 60411-3148

Echo, Ltd
500 W Court St
Kankakee, IL 60901-3661

Mutual Hospital Collections
2525 N Shadeland Ave Ste 101
Indianapolis, IN 46219-1794

Pca Interational
C/O Trs Recovery Services
PO Box 60022
City of Industry, CA 91716-0022

Emerg Care And Health Org Ltd
555 W Court St Ste 410
Kankakee, IL 60901-3675

National City Mortgage
PO Box 1820
Dayton, OH 45401-1820

Pest Control Service
C/O Rollins Service Bureau
PO Box 13230
Atlanta, GA 30324-0230

Er Solutions
PO Box 9004
Renton, WA 98057-9004

National Credit Adjustors
PO Box 3023
Hutchinson, KS 67504-3023

Quest Diagnostics
PO Box 64804
Baltimore, MD 21264-4804

Reed Smith
Attn: Pia Thompson
10 S Wacker Dr
Chicago, IL 60606-7453

Select Legal PC
53 W Jackson Blvd Ste 709
Chicago, IL 60604-3475

T Mobile Bankruptcy Team
PO Box 53410
Bellevue, WA 98015-5341

Regional Adjustment Bureau
PO Box 1022
Wixom, MI 48393

Sisters Of St Francis Health Services
PO Box 7229
Westchester, IL 60154-7229

Target National Bank
Mail Stop 5C-F
PO Box 673
Minneapolis, MN 55440

Revenue Cycl
3 Westbrook Corporate Ctr
Westchester, IL 60154-5703

South Suburban Hospital
17800 Kedzie Ave
Hazel Crest, IL 60429-2029

Tate & Kirlin Associates
2810 Southampton Rd
Philadelphia, PA 19154-1207

Revenue Cycle Solutions
PO Box 7229
Westchester, IL 60154-7229

Southwest Women's Healthcare Assoc
3700 W 203rd St Ste 110
Olympia Fields, IL 60461-1181

TCF
800 Burr Ridge Pkwy
Burr Ridge, IL 60527-6486

Riscuity
1600 Terrell Mill Rd SE
Marietta, GA 30067-8340

Sprint Nextel
2001 Edmund Halley Dr
Reston, VA 20191-3436

Telecheck
5251 Westheimer Rd
Houston, TX 77056-5412

Rjm Acq Llc
575 Underhill Blvd Ste 224
Syosset, NY 11791-3416

St James Health Center
37653 Eagle Way
Chicago, IL 60678-1376

Trs Recovery Services
5251 Westheimer Rd
Houston, TX 77056-5412

Rmi/mcsi
3348 Ridge Rd
Lansing, IL 60438-3112

St James Hospital
1423 Chicago Rd
Chicago Heights, IL 60411-3400

Tsys Debt Management
PO Box 5155
Norcross, GA 30091-5155

Rollins Primes
C/O National Asset Recovery, Inc
5901-C Peachtree Dunwoody Rd, Ste 530
Atlanta, GA 30328

St James Hospital And Health Centers
37653 Eagle Way
Chicago, IL 60678-1376

University Of Chicago Physicians
PO Box 2139
Bedford Park, IL 60499-2139

Sav A Lot
C/O Trs Recovery Services, Inc
PO Box 17170
Denver, CO 80217-0170

St James Prof- Elisa M Scott
900 Jorie Blvd Ste 186
Oak Brook, IL 60523-3808

US Cellular
Write Off Team
5117 W Terrace Dr
Madison, WI 53718-8344

SBC/ AT&T
225 W Randolph St
Chicago, IL 60606-1838

Star/ A J Disposal Srv
20 South St
Park Forest, IL 60466-1226

Village Of Chicago Heights
Tickets/ Clerk's Office
1601 Chicago Rd
Chicago Heights, IL 60411-3447

Village Of Homewood
Tickets
2020 Chestnut Rd
Homewood, IL 60430-1702

Village Of Matteson
Tickets
4900 Village Commons
Matteson, IL 60443-2666

Village Of Olympia Fields
PO Box 457
Wheeling, IL 60090-0457

Village Of Park Forest
Tickets
350 Victory Dr
Park Forest, IL 60466-2003

Village Of Park Forest
Water Department
350 Victory Dr
Park Forest, IL 60466-2003

Village Of Park Forest
Tickets
200 Lakewood Blvd
Park Forest, IL 60466-2003

Walgreens
Corporate Office
200 Wilmot Rd
Deerfield, IL 60015-4620

Well Group Health Partners
333 Dixie Hwy
Chicago Heights, IL 60411-1748

West Asset Management
PO Box 105478
Atlanta, GA 30348-5478

332-84-7611 30200712 DIXO SP SSN: 000-00-0000 F1040 SUMMARY 1 of 2
NEKEEI DIXON
137 FIR ST
FS: Head of Household PARK FOREST IL 604661708372
EXEMPT: 02
TOT INC: 16,836 TAX/TPR: 0.00
TOT ADJ/DED: 0 TOT PYMTS: 3,897.00

R1 - R7 F1040 PG1 THRU PG7

C1 C BUS/INC/LOSS 1
CA C BUS/INC/LOSS 1

SD D CAPITAL GAINS

E1 EARNED INCOME CR

*** ALL OTHER DEFINER CODES RELEVANT TO THIS RETURN ARE DISPLAYED ON PG. 2 ***
OF THE SUMMARY SCREEN. USE DEFINER "DC" TO ACCESS.

332-84-7611 30200712 R1 DIXO SP SSN: 000-00-0000 F1040 1 of 7
FILING STATUS: Head of Household
THIRD PRY IND: 0
DEPENDENTS: EXEMPTIONS: 02
1 SSN: 335-06-8848 DIXO

	PER RETURN
LN 7 WAGES	13,671
LN 8a TAXABLE INTEREST: SCH B	0
LN 8b TAX-EXEMPT INTEREST	0
LN 9a ORDINARY DIVIDEND INCOME: SCH B	0
LN 9b QUALIFIED DIVIDENDS	0
LN 10 REFUNDS OF STATE/LOCAL TAXES	357
LN 11 ALIMONY RECEIVED	0

332-84-7611 30200712 R2 DIXO SP SSN: 000-00-0000 F1040 2 of 7

	PER RETURN
LN 12 BUSINESS INCOME OR LOSS: SCH C	2,197-
LN 13 CAPITAL GAINS OR LOSS: SCH D	892
LN 14 OTHER GAINS OR LOSSES: F4797	0
LN 15a GROSS IRA DISTRIBUTIONS	0
LN 15b TAXABLE IRA DISTRIBUTIONS	0
LN 16a GROSS PENSION/ANNUITY AMOUNT	0
LN 16b TAXABLE PENSION/ANNUITY AMOUNT	0
LN 17 RENT/ROYALTY/PARTNERSHIP/ESTATE	0
LN 18 FARM INCOME OR LOSS: SCH F	0
LN 19 UNEMPLOYMENT INCOME	4,113
LN 20a GROSS SOCIAL SECURITY BENEFITS	0
LN 20b TXBL SOCIAL SECURITY BENEFITS	0
LN 21 OTHER INCOME	0
LN 22 TOTAL INCOME	16,836
LN 23 EDUCATOR EXPENSES	0

332-84-7611 30200712 R3 DIXO SP SSN: 000-00-0000 F1040 3 of 7

	PER RETURN
LN 24 RESERVIST AND OTHR BUS EXPNS	0
LN 25 HEALTH SAVINGS ACCT DEDUCTION	0
LN 26 MOVING EXPENSES: F3903	0
LN 27 SELF-EMPLOYMENT TAX DEDUCTION	0
LN 28 SELF-EMP SEP AND QLFD PLANS	0
LN 29 SELF-EMP HEALTH INS DEDUCTION	0
LN 30 EARLY WTHDRAWL OF SAVINGS PNLT	0
LN 31a ALIMONY PAID SSN: 000-00-0000	0
LN 32 IRA DEDUCTION	0
LN 33 STUDENT LOAN INTEREST DEDUCTION	0
LN 34 TUITION AND FEES DEDUCTION	0
LN 35 DOMESTIC PROD ACTVTY DED: F8903	0
ARCHER MSA DEDUCTION	0
OTHER ADJUSTMENTS	0
LN 36 TOTAL ADJUSTMENTS	0
LN 37 AGI	16,836.00

332-84-7611 30200712 R4 DIXO SP SSN: 000-00-0000 F1040 4 of 7

		PER RETURN
LN 43	TAXABLE INCOME	2,186.00
LN 44	TENTATIVE TAX	219.00
LN 45	ADDNL FORM 8814 TAX AMT	0.00
LN 47	ALTERNATIVE MINIMUM TAX	0.00
LN 48	CHILD & DEP CARE EXP: F2441	181.00
LN 49	CR ELDERLY AND DISABLED: SCH R	0.00
LN 50	EDUCATION CREDIT: F8863	38.00
LN 51	RESIDENTIAL ENERGY CREDITS	0.00
LN 52	FOREIGN TAX CREDIT: F1116	0.00
LN 53	CHILD TAX CREDIT	0.00
	DC FIRST TIME HOMEBUYER CREDIT	0.00
	RETIREMENT SAVINGS CONTRIB CR	0.00
	PRIM RET SAV CNTRB: F8880 LN 6a	0
	SEC RET SAV CNTRB: F8880 LN 6b	0

332-84-7611 30200712 R5 DIXO SP SSN: 000-00-0000 F1040 5 of 7

		PER RETURN
LN 54	F8396/F8839/F8859 CREDITS	0.00
LN 55	GENERAL BUSINESS CREDITS	0.00
	MORTGAGE CERTIFICATE CR	0.00
	FORM 1040C CREDIT	0.00
	PRIOR YR MIN TAX CREDIT: F8801	0.00
	OTHER STATUTORY CREDITS	0.00
LN 56	TOTAL STATUTORY CREDITS	219.00
LN 58	SELF-EMPLOYMENT TAX	0.00
LN 59	FICA ON UNREPORTED TIPS	0.00
	UNPAID FICA ON REPORTED TIPS	0.00
	TOT SS/MED WHLD: F8812 LN 7	0.00
LN 60	TAX ON QUALIFIED PLANS: F5329	0.00

332-84-7611 30200712 R6 DIXO SP SSN: 000-00-0000 F1040 6 of 7

		PER RETURN
LN 61	ADVANCED EIC	0.00
LN 62	HOUSEHLD EMPLOYMENT TAXES: SCH H	0.00
LN 63	TOTAL TAX LIABILITY	0.00
	ACCUM DISTR OF TRUSTS: F4970	0.00
LN 64	FEDERAL INCOME TAX WITHHELD	1,274.00
LN 65	ESTMTED TX PMTS & AMT PRV APPLD	0.00
LN 66a	EARNED INCOME CREDIT	2,623.00
	EIC PRIOR YEAR EARNED INCM AMT	0.00
LN 66b	NON TXBL COMBAT PAY ELECTION	0.00
	NON TXBL COMBAT PAY: F8812	0.00
LN 67	EXCESS SOC SEC/RRTA TAX WTHHLD	0.00
LN 68	ADDITIONAL CHILD TAX CR: F8812	0.00
	F8812 PRIOR YR EARNED INCM	0.00
LN 69	AMOUNT PAID WITH F4868	0.00

332-84-7611 30200712 R7 DIXO SP SSN: 000-00-0000 F1040 7 of 7

		PER RETURN
LN 70	CR FOR FED TX ON FUELS: F4136	0.00
	REGULATED INVST CMPNY CR: F2439	0.00
LN 71	REFUNDABLE CR FOR PY MIN TAX	0.00
	CR FOR FED PHONE EXCISE TX RFND	0.00
LN 72	TOTAL PAYMENTS	3,897.00
LN 74a	REFUND AMOUNT	3,897.00-
LN 75	APPLIED TO 2008 ESTIMATED TAX	0.00
LN 76	AMOUNT YOU OWE	0.00
LN 77	ESTIMATED TAX PENALTY	0.00

332-84-7611 30200712 C1 DIXO SP SSN: 000-00-0000

SCH C/C-EZ 1

DESC OF BUSINESS/PROFESSION:
BUSINESS NAME: MARY KAY COSMETICS SSN: 332-84-7611
ACCT MTHD: 3 FIRST TIME SCH C FILED?: 0 EIN: 00-0000000

	PER RETURN
LN 1 GROSS RECEIPTS OR SALES	500
LN 2 RETURNS AND ALLOWANCES	1,000
LN 3 NET GROSS RECEIPTS	500
LN 4 COST OF GOODS SOLD	1,200
LN 6 OTHER INCOME	0
LN 9 CAR AND TRUCK EXPENSES	0
LN 13 DEPRECIATION	0

332-84-7611 30200712 CA DIXO SP SSN: 000-00-0000

SCH C/C-EZ 1A

	PER RETURN
LN 15 INSURANCE (OTHER THAN HEALTH)	0
LN 16a MORTGAGE INTEREST	0
LN 17 LEGAL AND PROFESSIONAL SERVICES	0
LN 18 OFFICE EXPENSE	0
LN 21 REPAIRS AND MAINTENANCE	0
LN 24a TRAVEL	0
LN 24b MEALS AND ENTERTAINMENT	37
LN 25 UTILITIES	70
LN 26 WAGES	0
LN 27 OTHER EXPENSES	0
LN 28/2 TOTAL EXPENSES	157
LN 30 EXP FOR BUSINESS USE OF HOME	340
LN 35 INVENTORY AT BEGINNING OF YEAR	1,200
LN 41 INVENTORY AT END OF YEAR	0

332-84-7611 30200712 SD DIXO SPOUSE SSN: 000-00-0000 SCH D
 PER RETURN
 LN 3d TOTAL SHORT-TERM SALES PRICE 0.00
 LN 7f NET SHORT-TERM GAIN/LOSS 0.00
 LN 10d TOTAL LONG-TERM SALES PRICE 130,500.00
 LN 13f CAPITAL GAIN DISTRIBUTIONS 0.00
 LN 15c NET LONG-TERM GAIN/LOSS 892.00
 LN 18 28% RATE GAIN 0.00
 LN 19 UNRECAPTURED SECT. 1250 GAIN 892.00

332-84-7611 30200712 K1 DIXO SPOUSE SSN: 000-00-0000 E2441
 CHILD AND DEPENDENT CARE CREDIT

NUM QUALF PERSONS: 1 CARE PROV NAME CNTRL: APRI
 CARE PROV SSN: 141-95-2495
 LN 2 CHILD 1 (a) CHILD'S NAME CNTRL: DIXO (b) SSN: 335-06-8848
 (c) QUALIFD EXP: 533
 LN 2 CHILD 2 (a) CHILD'S NAME CNTRL: (b) SSN: 000-00-0000
 (c) QUALIFD EXP: 0
 PER RETURN
 LN 3 AMOUNT OF QUALIFIED EXPENSES 533
 LN 4 EARNED INCOME-PRIMARY 11,474
 LN 5 EARNED INCOME-SECONDARY 11,474
 LN 14 DEPENDENT CARE EMPLOYER BENEFITS 0
 LN 18 QUALIFIED EXP EMPLOYER INCURRED 0
 LN 29 DEPENDENT CARE EXCLUDED BENEFITS 0
 PRIOR YEAR CHILD CARE EXPENSES 0

332-84-7611 30200712 EC DIXO SPOUSE SSN: 000-00-0000
EDUCATION CREDITS

F8863

HOPE CREDITS
LN 1 STUDENT 1 (a) STUDENT'S NAME CNTRL: DIXO (b) SSN: 332847611
STUDENT 2 (a) STUDENT'S NAME CNTRL: (b) SSN: 000000000
STUDENT 3 (a) STUDENT'S NAME CNTRL: (b) SSN: 000000000

LN 2 TENTATIVE HOPE CREDIT AMOUNT | PER RETURN
1,460

LIFETIME LEARNING CREDITS
LN 3 STUDENT 1 (a) STUDENT'S NAME CNTRL: (b) SSN: 000000000
STUDENT 2 (a) STUDENT'S NAME CNTRL: (b) SSN: 000000000
STUDENT 3 (a) STUDENT'S NAME CNTRL: (b) SSN: 000000000

LN 4 TOTL LIFETIM LRNING CR QLFD EXP | PER RETURN
0

LN 17 TOTAL EDUCATION CREDIT AMOUNT | 38.00

332-84-7611 30200712 E1 DIXO SPOUSE SSN: 000-00-0000

SCH EIC

CHILD 1
LN 1 CHILD'S NAME CNTRL | PER RETURN
LN 2 SSN | DIXO
LN 3 YEAR OF BIRTH | 335-06-8848
LN 4 a/b STUDENT/DISABLED | 2006
CHILD 2
LN 1 CHILD'S NAME CNTRL | 0
LN 2 SSN |
LN 3 YEAR OF BIRTH | 0000
LN 4 a/b STUDENT/DISABLED | 0

33284761122007000000 *(TY2007) IRMF ON LINE TRANSCRIPT SYSTEM *
TIN- 332847611 TIN TYPE AND VALIDITY- 2 DOCUMENT CODE- 00 PAGE 0001 OF 0004
DOCUMENT TYPE: W-2 ON FILE DATE: 04-29-2008 ORIGINAL SUBMISSION
PAYER ENTITY DATA: SSN 332-84-7611 -- VALID SSN
NEKEEI L DIXON PYR'S SUBMISSION DLN: 06537107002198
45 APPLE LANE SSA MICROFILM NUMBER: 2008099AK92883
PARK FOREST SUBMITTED TO: SSA ON: TAPE
STATE: IL ZIP: 60466-0000 PAYROLL REPORTING UNIT: N/A

ACCOUNT NUMBER: N/A 3RD PARTY SICK PAY IND: UNANSWERED
PAYER ENTITY DATA: TIN 061602245 RETIREMENT PLAN IND: UNANSWERED
GARELLI WONG & ASSOCIATES INC.
1 INDEPENDENT DRIVE \$ CHNG: NOT SET
JACKSONVILLE FL 32202 CREDIBILITY: NOT SET
STATUTORY EMPLOYEE IND: NO

TYPE OF EMPLOYMENT: ALL OTHERS
FED TAX WH.....\$172+
WAGES.....\$8,977+
SO SEC WH.....\$556+
SO SEC WAG.....\$8,977+
MEDCARE WH.....\$130+
MEDCARE WG.....\$8,977+

***** TY1999 THROUGH TY2007 DATA IS NOW AVAILABLE ON LINE *****

33284761122007000000 *(TY2007) IRMF ON LINE TRANSCRIPT SYSTEM *
TIN- 332847611 TIN TYPE AND VALIDITY- 2 DOCUMENT CODE- 00 PAGE 0002 OF 0004
DOCUMENT TYPE: W-2 ON FILE DATE: 04-27-2008 ORIGINAL SUBMISSION
PAYER ENTITY DATA: SSN 332-84-7611 -- VALID SSN
NEKEEI L DIXON PYR'S SUBMISSION DLN: 36537102008808
137 FIR ST SSA MICROFILM NUMBER: 2008078AW07598
PARK FOREST SUBMITTED TO: SSA ON: TAPE
STATE: IL ZIP: 60466-0000 PAYROLL REPORTING UNIT: N/A

ACCOUNT NUMBER: N/A 3RD PARTY SICK PAY IND: UNANSWERED
PAYER ENTITY DATA: TIN 362388267 RETIREMENT PLAN IND: UNANSWERED
KICKERT SCHOOL BUS CO
4845 WEST 167TH STRE \$ CHNG: NOT SET
OAK FOREST IL 60452 CREDIBILITY: NOT SET
STATUTORY EMPLOYEE IND: NO

TYPE OF EMPLOYMENT: ALL OTHERS
FED TAX WH.....\$71+
WAGES.....\$4,693+
SO SEC WH.....\$290+
SO SEC WAG.....\$4,693+
MEDCARE WH.....\$68+
MEDCARE WG.....\$4,693+

ENTER=(N) EXT, (P) REVIOUS, (S) UMMARY, (W) HITE OUT, IRPO(L), (O) NLINE, HARD(C) OPY

33284761122007000000 *(TY2007) IRMF ON LINE TRANSCRIPT SYSTEM *
TIN- 332847611 TIN TYPE AND VALIDITY- 2 DOCUMENT CODE- 00 PAGE 0003 OF 0004
DOCUMENT TYPE: 1099-G ON FILE DATE: 04-24-2008 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: SSN 332-84-7611 -- VALID SSN
NEKEEI L DIXON PYR'S SUBMISSION DLN: 36569495440008
137 FIR ST TRN CNTL CD: 09086A PYR OFC CD: N/A
PARK FOREST SUBMITTED TO: IRS ON: TAPE
STATE: IL ZIP: 60466-0000 TAX YEAR OF REFUND: UNSET

ACCOUNT NUMBER: N/A
PAYER ENTITY DATA: TIN 363042127
ILLINOIS DEPT OF EMPLOYMENT SECURITY
33 SOUTH STATE STREET
CHICAGO IL 60603

1099-G OFFSET: NOT REFUND, CREDIT OR OFFSET FOR TRADE OR BUSINESS
FED TAX WH.....\$0
UNEMPL COM.....\$4,113+

ENTER=(N)EXT, (P)REVIOUS, (S)UMMARY, (W)HITE OUT, IRPO(L), (O)NLINE, HARD(C)OPY

33284761122007000000 *(TY2007) IRMF ON LINE TRANSCRIPT SYSTEM *
TIN- 332847611 TIN TYPE AND VALIDITY- 2 DOCUMENT CODE- 00 PAGE 0004 OF 0004
DOCUMENT TYPE: 1099-G ON FILE DATE: 04-22-2008 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: SSN 332-84-7611 -- VALID SSN
DIXON NEKEEI PYR'S SUBMISSION DLN: 09569446230008
137 FIR ST TRN CNTL CD: 09537B PYR OFC CD: N/A
PARK FOREST SUBMITTED TO: IRS ON: TAPE
STATE: IL ZIP: 60466-1708 TAX YEAR OF REFUND: 2006

ACCOUNT NUMBER: N/A
PAYER ENTITY DATA: TIN 376002057
STATE OF ILLINOIS REVENUE DEPARTMENT
101 WEST JEFFERSON
SPRINGFIELD IL 62708

1099-G OFFSET: NOT REFUND, CREDIT OR OFFSET FOR TRADE OR BUSINESS
FED TAX WH.....\$0
PR YR RFND.....\$357+

ENTER=(N)EXT, (P)REVIOUS, (S)UMMARY, (W)HITE OUT, IRPO(L), (O)NLINE, HARD(C)OPY

3328476112200700

*** (TY2007) IRMF ON LINE TRANSCRIPT SYSTEM SUMMARY ***
TIN- 332847611 TIN TYPE AND VALIDITY- 2 DOCUMENT CODE- 00
GROUP AMOUNT GROUP AMOUNT
WAGES.....\$13,670+
PR YR RFND.....\$357+
UNEMPL COMP.....\$4,113+
FED TAX WH.....\$243+
SO SEC WH.....\$846+
MEDCARE WH.....\$198+
MEDCARE WG.....\$13,670+

4 DOCS

ENTER=PAYE(E), PAYE(R), (O)NLINE, (W)HITE OUT, IRPO(L), HARD(C)OPY OR (H)ELP

P.11 314 612 4866

IRS ACCTS MGMT OPS 3 STL

JUL-28-2008 12:59

357-74-3434 30200712 DIXO SP SSN: 000-00-0000 F1040 SUMMARY 1 of 2
EDUARDO DIXON
336 NEOLA ST PARK FOREST IL 604662304360
FS: Head of Household
EXEMPT: 03 TOT INC: 34,688 TAX/TPR: 0.00
TOT ADJ/DED: 0 TOT PYMTS: 5,125.00

R1 - R7 F1040 PGI THRU PG7

E1 EARNED INCOME CR

*** ALL OTHER DEFINER CODES RELEVANT TO THIS RETURN ARE DISPLAYED ON PG. 2 ***
OF THE SUMMARY SCREEN. USE DEFINER "DC" TO ACCESS.

357-74-3434 30200712 R1 DIXO SP SSN: 000-00-0000 F1040 1 of 7
FILING STATUS: Head of Household
THIRD PRTY IND: 0 EXEMPTIONS: 03
DEPENDENTS:
1 SSN: 357-92-4317 DIXO 2 SSN: 336-94-9871 DIXO

	PER RETURN
LN 7 WAGES	34,688
LN 8a TAXABLE INTEREST: SCH B	0
LN 8b TAX-EXEMPT INTEREST	0
LN 9a ORDINARY DIVIDEND INCOME: SCH B	0
LN 9b QUALIFIED DIVIDENDS	0
LN 10 REFUNDS OF STATE/LOCAL TAXES	0
LN 11 ALIMONY RECEIVED	0

357-74-3434 30200712 R2 DIXO SP SSN: 000-00-0000 F1040 2 of 7
PER RETURN

LN 12	BUSINESS INCOME OR LOSS: SCH C	0
LN 13	CAPITAL GAINS OR LOSS: SCH D	0
LN 14	OTHER GAINS OR LOSSES: F4797	0
LN 15a	GROSS IRA DISTRIBUTIONS	0
LN 15b	TAXABLE IRA DISTRIBUTIONS	0
LN 16a	GROSS PENSION/ANNUITY AMOUNT	0
LN 16b	TAXABLE PENSION/ANNUITY AMOUNT	0
LN 17	RENT/ROYALTY/PARTNERSHIP/ESTATE	0
LN 18	FARM INCOME OR LOSS: SCH F	0
LN 19	UNEMPLOYMENT INCOME	0
LN 20a	GROSS SOCIAL SECURITY BENEFITS	0
LN 20b	TAXBL SOCIAL SECURITY BENEFITS	0
LN 21	OTHER INCOME	0
LN 22	TOTAL INCOME	34,688
LN 23	EDUCATOR EXPENSES	0

357-74-3434 30200712 R3 DIXO SP SSN: 000-00-0000 F1040 3 of 7
PER RETURN

LN 24	RESERVIST AND OTHR BUS EXPNS	0
LN 25	HEALTH SAVINGS ACCT DEDUCTION	0
LN 26	MOVING EXPENSES: F3903	0
LN 27	SELF-EMPLOYMENT TAX DEDUCTION	0
LN 28	SELF-EMP SEP AND QLFD PLANS	0
LN 29	SELF-EMP HEALTH INS DEDUCTION	0
LN 30	EARLY WITHDRAWAL OF SAVINGS PNLTY	0
LN 31a	ALIMONY PAID SSN: 000-00-0000	0
LN 32	IRA DEDUCTION	0
LN 33	STUDENT LOAN INTEREST DEDUCTION	0
LN 34	TUITION AND FEES DEDUCTION	0
LN 35	DOMESTIC PROD ACTVY DED: F8903	0
	ARCHER MSA DEDUCTION	0
	OTHER ADJUSTMENTS	0
LN 36	TOTAL ADJUSTMENTS	34,688.00
LN 37	AGI	

357-74-3434 30200712 R4 DIXO SP SSN: 000-00-0000 F1040 4 of 7

		PER RETURN
LN 43	TAXABLE INCOME	16,638.00
LN 44	TENTATIVE TAX	1,934.00
	ADDNL FORM 8814 TAX AMT	0.00
LN 45	ALTERNATIVE MINIMUM TAX	0.00
LN 47	CHILD & DEP CARE EXP: F2441	261.00
LN 48	CR ELDERLY AND DISABLED: SCH R	0.00
LN 49	EDUCATION CREDIT: F8863	0.00
LN 50	RESIDENTIAL ENERGY CREDITS	0.00
LN 51	FOREIGN TAX CREDIT: F1116	0.00
LN 52	CHILD TAX CREDIT	1,481.00
	DC FIRST TIME HOMEBUYER CREDIT	0.00
LN 53	RETIREMENT SAVINGS CONTRIB CR	192.00
	PRIM RET SAV CNTRB: F8880 LN 6a	1,920
	SEC RET SAV CNTRB: F8880 LN 6b	0

357-74-3434 30200712 R5 DIXO SP SSN: 000-00-0000 F1040 5 of 7

		PER RETURN
LN 54	F8396/F8839/F8859 CREDITS	0.00
LN 55	GENERAL BUSINESS CREDITS	0.00
	MORTGAGE CERTIFICATE CR	0.00
	FORM 1040C CREDIT	0.00
	PRIOR YR MIN TAX CREDIT: F8801	0.00
	OTHER STATUTORY CREDITS	0.00
LN 56	TOTAL STATUTORY CREDITS	1,934.00
LN 58	SELF-EMPLOYMENT TAX	0.00
LN 59	FICA ON UNREPORTED TIPS	0.00
	UNPAID FICA ON REPORTED TIPS	0.00
	TOT SS/MED WHLD: F8812 LN 7	0.00
LN 60	TAX ON QUALIFIED PLANS: F5329	0.00

357-74-3434 30200712 R6 DIXO SP SSN: 000-00-0000 F1040 6 of 7

PER RETURN

LN 61	ADVANCED EIC	0.00
LN 62	HOUSEHLD EMPLOYMENT TAXES: SCH H	0.00
LN 63	TOTAL TAX LIABILITY	0.00

	ACCUM DISTR OF TRUSTS: F4970	0.00
LN 64	FEDERAL INCOME TAX WITHHELD	3,951.00
LN 65	ESTMTD TX PMTS & AMT PRV APPLD	0.00
LN 66a	EARNED INCOME CREDIT	655.00

	EIC PRIOR YEAR EARNED INCM AMT	0.00
LN 66b	NON TXBL COMBAT PAY ELECTION	0.00
	NON TXBL COMBAT PAY: F8812	0.00
LN 67	EXCESS SOC SEC/RRTA TAX WTHHLD	0.00
LN 68	ADDITIONAL CHILD TAX CR: F8812	519.00
	F8812 PRIOR YR EARNED INCM	0.00
LN 69	AMOUNT PAID WITH F4868	0.00

357-74-3434 30200712 R7 DIXO SP SSN: 000-00-0000 F1040 7 of 7

PER RETURN

LN 70	CR FOR FED TX ON FUELS: F4136	0.00
	REGULATED INVST CMPNY CR: F2439	0.00
LN 71	REFUNDABLE CR FOR PY MIN TAX	0.00
	CR FOR FED PHONE EXCISE TX RFND	0.00
LN 72	TOTAL PAYMENTS	5,125.00
LN 74a	REFUND AMOUNT	5,125.00-
LN 75	APPLIED TO 2008 ESTIMATED TAX	0.00
LN 76	AMOUNT YOU OWE	0.00
LN 77	ESTIMATED TAX PENALTY	0.00

357-74-3434 30200712 K1 DIXO SPOUSE SSN: 000-00-0000
CHILD AND DEPENDENT CARE CREDIT

F2441

NUM QUALF PERSONS: 2 CARE PROV NAME CNTRL: APRI
CARE PROV SSN: 141-95-2495
LN 2 CHILD 1 (a) CHILD'S NAME CNTRL: DIXO (b) SSN: 357-92-4317
(c) QUALIFD EXP: 523
LN 2 CHILD 2 (a) CHILD'S NAME CNTRL: DIXO (b) SSN: 336-94-9871
(c) QUALIFD EXP: 522
PER RETURN
LN 3 AMOUNT OF QUALIFIED EXPENSES 1,045
LN 4 EARNED INCOME-PRIMARY 34,688
LN 5 EARNED INCOME-SECONDARY 34,688
LN 14 DEPENDENT CARE EMPLOYER BENEFITS 0
LN 18 QUALIFIED EXP EMPLOYER INCURRED 0
LN 29 DEPENDENT CARE EXCLUDED BENEFITS 0
PRIOR YEAR CHILD CARE EXPENSES 0

357-74-3434 30200712 E1 DIXO SPOUSE SSN: 000-00-0000

SCH EIC

CHILD 1 PER RETURN
LN 1 CHILD'S NAME CNTRL DIXO
LN 2 SSN 357-92-4317
LN 3 YEAR OF BIRTH 1996
LN 4 a/b STUDENT/DISABLED 0
CHILD 2
LN 1 CHILD'S NAME CNTRL DIXO
LN 2 SSN 336-94-9871
LN 3 YEAR OF BIRTH 1997
LN 4 a/b STUDENT/DISABLED 0

35774343422007000000 *(TY2007) IRMF ON LINE TRANSCRIPT SYSTEM *
TIN- 357743434 TIN TYPE AND VALIDITY- 2 DOCUMENT CODE- 00 PAGE 0001 OF 0002
DOCUMENT TYPE: W-2 ON FILE DATE: 04-27-2008 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: SSN 357-74-3434 -- VALID SSN
EDUARDO C DIXON PYR'S SUBMISSION DLN: 36537102009278
137 FIR SSA MICROFILM NUMBER: 2008078BG43637
PARK FOREST SUBMITTED TO: SSA ON: TAPE
STATE: IL ZIP: 60466-0000 PAYROLL REPORTING UNIT: N/A

ACCOUNT NUMBER: N/A 3RD PARTY SICK PAY IND: UNANSWERED
PAYER ENTITY DATA: TIN 362164842 RETIREMENT PLAN IND: YES
CHICAGO TRANSIT AUTHORITY
567 W LAKE STREET \$ CHNG: NOT SET
CHICAGO IL 60661 CREDIBILITY: NOT SET
STATUTORY EMPLOYEE IND: NO

TYPE OF EMPLOYMENT: ALL OTHERS
FED TAX WH.....\$3,951+
WAGES.....\$34,687+
SO SEC WH.....\$2,315+
SO SEC WAG.....\$37,348+
DEF COMP.....\$1,919+
MEDCARE WH.....\$541+
MEDCARE WG.....\$37,348+
***** TY1999 THROUGH TY2007 DATA IS NOW AVAILABLE ON LINE *****

35774343422007000000 *(TY2007) IRMF ON LINE TRANSCRIPT SYSTEM *
TIN- 357743434 TIN TYPE AND VALIDITY- 2 DOCUMENT CODE- 00 PAGE 0002 OF 0002
DOCUMENT TYPE: 1099-G ON FILE DATE: 04-22-2008 ORIGINAL SUBMISSION
PAYEE ENTITY DATA: SSN 357-74-3434 -- VALID SSN
DIXON EDUARDO PYR'S SUBMISSION DLN: 09569446240008
336 NEOLA ST TRN CNTL CD: 09537C PYR OFC CD: N/A
PARK FOREST SUBMITTED TO: IRS ON: TAPE
STATE: IL ZIP: 60466-2304 TAX YEAR OF REFUND: 2006

ACCOUNT NUMBER: N/A
PAYER ENTITY DATA: TIN 376002057
STATE OF ILLINOIS REVENUE DEPARTMENT
101 WEST JEFFERSON
SPRINGFIELD IL 62708

1099-G OFFSET: NOT REFUND, CREDIT OR OFFSET FOR TRADE OR BUSINESS
FED TAX WH.....\$0
PR YR RFND.....\$479+

ENTER=(N)EXT,(P)REVIOUS,(S)UMMARY,(W)HITE OUT,IRPO(L),(O)NLINE,HARD(C)OPY

ENTER=PAYE(E), PAYE(R), (O)NLINE, (W)HITE OUT, IRPO(L), HARD(C)OPY OR (H)ELP

GROUP AMOUNT
WAGES.....\$34,687+
PR YR REND.....\$479+
OTHER INC.....\$1,919+
FED TAX WH.....\$3,951+
SO SEC WH.....\$2,315+
MEDCARE WH.....\$541+
MEDCARE WG.....\$37,348+

3577434342200700
*** (722007) IRMF ON LINE TRANSCRIPT SYSTEM SUMMARY ***
TIN- 357743434 TIN TYPE AND VALIDITY- 2 DOCUMENT CODE- 00
GROUP AMOUNT

2 DOCS

TOTAL P.02

Date
04/11/2008

Employee Name
NEKEEI L. DIXON

KICKERT SCHOOL BUS LINE INC.

Employee ID
6231

Start Per.
March 23, 2008

End Per.
April 5, 2008

PAY			TAXES			DEDUCTIONS			BENEFITS		
Code	Hours	Rate	Code	Withheld	YTD	Code	Amount	YTD	Code	Amount	YTD
HRSC	37.00	\$434.75	FICA	\$33.25	\$330.18	CHCA	\$3.94	\$24.50			
			Med.	\$6.30	\$62.58	CRUN	\$.00	\$20.00			
			S.S.	\$26.95	\$267.60						
			FIT	\$.00	\$36.22						
			IL	\$8.43	\$87.95						
Totals		\$434.75									

End Per.
April 19, 2008

PAY			TAXES			DEDUCTIONS			BENEFITS		
Code	Hours	Rate	Code	Withheld	YTD	Code	Amount	YTD	Code	Amount	YTD
		Amount									
HRSC	43.50	\$511.13	FICA	\$39.11	\$369.29	CHCA	\$13.12	\$37.62			
			Med.	\$7.42	\$70.00	CRUN	\$0.00	\$20.00			
			S.S.	\$31.69	\$299.29	UNDU	\$20.00	\$160.00			
			FIT	\$0.00	\$36.22						
			IL	\$10.72	\$98.67						
Totals		\$511.13					\$33.12	\$217.62			
Gross YTD		\$4,827.30	Net YTD			\$4,105.50	Net Pay			\$428.18	

KICKERT SCHOOL BUS LINE INC.

Employee ID
6231

Employee Name
NEKEEI L. DIXON

Date
01/18/2008

Start Per.
December 30, 2007

End Per.
January 12, 2008

PAY			TAXES			DEDUCTIONS			BENEFITS		
Code	Hours	Rate	Code	Withheld	YTD	Code	Amount	YTD	Code	Amount	YTD
HRSC	30.25	\$355.44	FICA	\$28.72	\$48.50	CRUN	\$20.00	\$20.00			
RTOT	0.00	\$20.00	Med.	\$5.44	\$9.19	UNDU	\$60.00	\$60.00			
			S.S.	\$23.28	\$39.31						
			FIT	\$.00	\$.00						
			IL	\$6.65	\$9.79						
Totals		<u>\$375.44</u>				<u>\$80.00</u>					
Gross YTD		\$634.06	Net YTD			\$495.77			Net Pay		
									\$260.07		

Index

KICKERT SCHOOL BUS LINE INC.

Employee ID
6231

Employee Name

NEKEEI L. DIXON

Date
01/04/2008

Start Per.
December 16, 2007

End Per.
December 29, 2007

PAY		TAXES		DEDUCTIONS		BENEFITS	
Code	Hours	Rate	Code	Withheld	YTD	Code	Amount
HRSC	20.00	\$235.00	FICA	\$19.78	\$19.78		
RTCH	0.00	\$23.62	Med.	\$3.75	\$3.75		
			S.S.	\$16.03	\$16.03		
			FIT	\$0.00	\$0.00		
			IL	\$3.14	\$3.14		
Totals		\$258.62					
Gross YTD		\$258.62	Net YTD		\$235.70		Net Pay
							\$235.70

HOURS AND EARNINGS				TAXES				AFTER-TAX DEDUCTIONS					
Description	Current		YTD	Description	Current		YTD	Description	Current		YTD		
	Hours	Earnings			Hours	Earnings			Hours	Earnings			
Regular Pay	97.10	2,609.05	593.40	15,061.10	Federal Tax	235.78	1,222.57	Union Dues			282.96		
Overtime 1	6.30	169.28	19.70	529.35	Social Security	169.70	1,004.34	Credit Union		225.00	1,620.00		
Contract Adj	0.00		0.00	96.61	IL State Tax	70.44	420.34						
Holiday	0.00		32.00	754.10	Medicare	39.69	234.89						
Holiday Prem	0.00		4.80	128.98									
Total:						515.61	2,882.14						
BEFORE-TAX DEDUCTIONS													
Description				Current		YTD							
Pension				166.70		926.50							
Indemnity Family				7.18		64.62							
Def Comp 457				138.92		828.51							
HC Trust				83.35		432.28							
HMO IL Family				34.05		306.45							
Total:				515.61		2,882.14							
VACATION AND HOLIDAY BALANCES													
Description				Hours									
Vacation Balance:													
Holiday Balance:													
SUMMARY													
Current		2,778.33		TOTAL GROSS		FED TAXABLE GROSS		TOTAL TAXES		TOTAL DEDUCTIONS		NET PAY	
YTD		16,570.14		2,882.14		515.61		2,882.14		655.20		1,607.62	
										4,431.32		9,256.68	

MESSAGE:



Employee Statement of Earnings and Deductions

Pay Org: 1131
 Pay Begin Date: 12/30/2007
 Pay End Date: 01/12/2008
 Place: 19
 Check #: 9835248
 Check Date: 01/23/2008

Employee #: 42648 Position Title: Bus Operator Base Rate: 20.261				TAX DATA: Marital Status: Married Allowances: 2 Adtl. Pct.: 0 Adtl. Amt.: 0				IL State Not Used 0 0 0			
SSN:				TAXES				AFTER-TAX DEDUCTIONS			
HOURS AND EARNINGS				TAXES				AFTER-TAX DEDUCTIONS			
Description	Current	Hours	Earnings	Description	Current	YTD	Description	Current	YTD		
Regular Pay	17.10	347.17	90.60	Social Security	29.01	128.84	Union Dues		53.29		
Holiday	8.00	162.09	16.00	Federal Tax	12.82	105.25	Credit Union		175.00		350.00
				IL State Tax	6.78	57.16					
				Medicare		30.13					
Total:	25.10	509.26	106.60			321.38					
VACATION AND HOLIDAY BALANCES				BEFORE-TAX DEDUCTIONS							
Description	Current	Hours	Earnings	Description	Current	YTD	Description	Current	YTD		
Vacation Balance:				Pension	15.28	64.82					
Holiday Balance:				Def Comp 457	25.46	108.03					
				HMO IL Family	34.05	68.10					
				Indemnity Family	7.18	14.36					
Total:	25.10	509.26	106.60			321.38					
SUMMARY				FED TAXABLE GROSS				TOTAL DEDUCTIONS			
Current:	509.26			427.29	48.61			256.97	203.68		
YTD	2,160.58			1,905.27	321.38			658.60	1,180.60		

MESSAGE:

KICKERT SCHOOL BUS LINE INC.

Employee ID
6231

Employee Name
NEKEEI L. DIXON

Date
07/04/2008

Start Per.
June 15, 2008

End Per.
June 28, 2008

PAY

Rate

TAXES

DEDUCTIONS

BENEFITS

Code	Hours	Amount
HRSC	29.25	\$302.45

Code	Withheld	YTD
FICA	\$23.14	\$574.95
Med.	\$4.39	\$108.98
S.S.	\$18.75	\$465.97
FTT	\$4.00	\$53.35

Code	Amount	YTD
ADMFE	\$1.02	\$1.02
CHCA	\$4.68	\$49.80
CRUN	\$0.00	\$20.00
WGAS	\$0.00	\$123.08

Code	Withheld	YTD
IL	\$4.46	\$156.24

Totals	Amount
	\$302.45

Totals	Amount	YTD
	\$4.68	\$193.90

Gross YTD \$7,515.71

Net YTD \$6,337.27

Net Pay \$270.17

KICKERT SCHOOL BUS LINE INC.

Employee ID
6231

Employee Name
NEKEEI L. DIXON

Date
06/20/2008

Start Per.
June 1, 2008

End Per.
June 14, 2008

PAY

Rate

Code	Hours	Amount
HRCH	3.00	\$32.61
HRKOT	2.00	\$20.68
HRSC	38.75	\$455.31

TAXES

Code	Withheld	YTD
FICA	\$38.90	\$551.81
Med.	\$7.37	\$104.59
S.S.	\$31.53	\$447.22
FTT	\$1.00	\$53.35
IL	\$10.64	\$151.78

DEDUCTIONS

Code	Amount	YTD
ADMFE	\$0.00	\$1.02
CHCA	\$0.00	\$45.12
CRUN	\$0.00	\$20.00
UNDU	\$20.00	\$200.00
WGAS	\$0.00	\$123.08

BENEFITS

Code	Amount	YTD
------	--------	-----

Totals \$508.60

\$20.00 \$389.22

Gross YTD \$7,213.26

Net YTD \$6,067.10

Net Pay \$439.06

KICKERT SCHOOL BUS LINE INC.

Employee ID
6231

Employee Name
NEKEEI L. DIXON

Date
06/06/2008

Start Per.
May 18, 2008

End Per.
May 31, 2008

PAY

Rate

Code	Hours	Amount
HRCH	3.00	\$32.61
HRSC	52.50	\$616.88

TAXES

Code	Withheld	YTD
FICA	\$49.69	\$512.91
Med.	\$9.42	\$97.22
S.S.	\$40.27	\$415.69
FTT	\$7.26	\$53.35
IL	\$14.87	\$141.14

DEDUCTIONS

Code	Amount	YTD
ADMFE	\$1.02	\$1.02
CHCA	\$3.75	\$45.12
CRUN	\$0.00	\$20.00
WGAS	\$51.17	\$123.08

BENEFITS

Code	Amount	YTD

Totals \$649.49

\$55.94 \$189.22

Gross YTD \$6,704.66

Net YTD \$5,628.04

Net Pay \$521.73



CTA Employee Self Service

Home Logout Preferences

Payslip

Employee Name **Edwardo Dixon**
Organization Email Address

Employee Number **42648**
Business Group **Chicago Transit Authority**

Choose a Payslip 09-JUL-2008 - 42648 - Check 1

Employee **Edwardo C. Dixon**
Social Security Number **357-74-3434**
Badge Number **42648**
Employee Address **137 fir
Park Forest
IL
60466**
Latest Hire Date **29-Sep-2003**
Original Hire Date **29-Sep-2003**

Organization **74th & Wood Scheduled Transit Operations**
Location **74Th Street Garage**
Bargaining Unit **241 Amalgamated Transit (Bus) Union Local 241**
Job Title **Bus Operator.241**
Position **0000060352.0110.Bus Operator.FTP.STO**
Grade **W.H463**
Payroll **Surface**

Pay Period and Salary

Pay Period	Payment Date	Pay Begin Date	Pay End Date	Pay Rate
Bi-Week	14-May-2008	20-Apr-2008	03-May-2008	26.87

Summary

	Gross	Pre-Tax	Taxes	Deductions	Net Pay
Current	2,179.13	346.31	377.01	278.29	1,177.52
YTD	18,749.27	2,904.67	3,259.15	2,151.25	10,434.20

Hours and Earnings

Description	Current Hours	Current Amount	YTD Hours	YTD Amount
Holiday Premium HR			4.80	128.98
Accident Reportg HR			0.50	13.44
Weekly OT HR	1.60	43.00	21.30	572.35
Holiday HR			32.00	754.10
Ext Revenue Serv HR			6.90	185.40
F.L.S.A HR			4.90	130.88
Regular Time HR	79.50	2,136.13	660.60	16,867.51
Contract Adj				96.61

Rate Details

Pre-Tax Deductions

Taxes

http://ccrpp.d.cta.local:8081/OA_HTML/OA.jsp?_rc=PAY_PAYSLIP_TOP_SS&_ri=80... 7/23/2008

Monday HR	8.00	214.96	56.00	1,398.98
Ext Revenue Serv HR			6.90	185.40
F.L.S.A HR	2.60	70.02	12.70	340.85
Regular Time HR	59.00	1,585.93	1,030.60	26,812.19
Anniverty Dev S2			8.00	214.96
ADJING to Schd WC			6.00	161.22
Contract Adj				96.61

Rate Details

http://ccrpp.d.cta.local:8081/OA_HTML/OA.jsp?_rc=PAY_PAYSLIP_TOP_SS&_ri=80... 7/23/2008

IN RE:

Case No. _____

Dixon, Edwardo & Dixon, Nekeei

Chapter 7

Debtor(s)

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **676.00**

Prior to the filing of this statement I have received \$ **351.00**

Balance Due \$ **325.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☒ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - e. [Other provisions as needed]
6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 30, 2008

Date

/s/ Nicolette Robovsky

Signature of Attorney

Gleason & Gleason

Name of Law Firm

Certificate Number: 00437-ILN-CC-004548949

CERTIFICATE OF COUNSELING

I CERTIFY that on July 29, 2008 at 9:29 o'clock AMMDT.

Nekeei Dixon received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the

Northern District of Illinois, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: July 29, 2008

By /s/Rhonda Bossman

Name Rhonda Bossman

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Certificate Number: 00437-ILN-CC-004548998

CERTIFICATE OF COUNSELING

I CERTIFY that on July 29, 2008, at 9:37 o'clock AM MDT.

Edwardo Dixon received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the
Northern District of Illinois, an individual [or group] briefing that complied
with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of
the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: July 29, 2008

By /s/Rhonda Bossman

Name Rhonda Bossman

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Case No. _____

Dixon, Edwardo & Dixon, Nekeei

Chapter 7

Debtor(s)

DECLARATION REGARDING ELECTRONIC FILING

Signed by Debtor(s) or Corporate Representative

To Be Used When Filing over the Internet

PART I - DECLARATION OF PETITIONER

Date: July 23, 2008

A. To be completed in all cases.

I (We) Edwardo Dixon and Nekeei Dixon, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

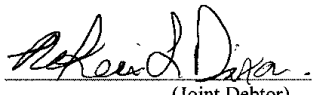
B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

☒ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: 
(Debtor or Corporate Officer, Partner or Member)

Signature: 
(Joint Debtor)